(Dr. Marvin) MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09918

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Olive st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Md.
STREET ADDRESS (If rural give location) 108. Olive st

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Henry (Last) Baker
4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 25-1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Chincoteague Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyrus G. Baker
14. MOTHER'S MAIDEN NAME: Fannie Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Frank Baker Son 108 Olive st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Hypertrophy Prostate with retentionis — Interval Between Onset And Death 6 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Valvular Heart Disease 2-yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1932 to Sept 9, 1952, that I last saw the deceased alive on Sept 8, 1952, and that death occurred at 10.15 a.m., from the causes and on the date stated above.

SIGNATURE Henry R Marvin (Degree or title) MDS ADDRESS Salisbury Md DATE SIGNED 9/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 12-52 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-12-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1952

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 820-822 E. Pratt

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Benda

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 5 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Benda

14. MOTHER'S MAIDEN NAME: Barbara Malik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.3
527.1

Immediate cause (a) Cor Pulmonale & Cardiac Insufficiency — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Pulmonary Emphysema. — 2

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis. — 2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1951, to 9-12, 1952, that I last saw the deceased alive on 9-12, 1952, and that death occurred at 12 01 m., from the causes and on the date stated above.

SIGNATURE Robert Jone (DEGREE OR TITLE) M.D. ADDRESS Deerfield State Hosp DATE SIGNED 9-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-13-52 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. 9-12-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Charles E. Simmons — ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Corner of Bridge & Athol

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) Bridge St & Athol Rd

3. NAME OF DECEASED: (Type or Print) (First) DARCY (Middle) OMER (Last) BENNETT

4. DATE OF DEATH: (Month) (Day) (Year) SEPT 6 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB 10, 1902

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED INSURANCE SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: JOHN PHILLIP [illegible] BENNETT

14. MOTHER'S MAIDEN NAME: MAUDE SEABREASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS DARCY BENNETT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Heart Disease	1 yr.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 19 52, to 9/6, 19 52, that I last saw the deceased alive on 9/6, 19 52 and that death occurred at 1145 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Laurence Maryanow M.D. ADDRESS Cambridge, Md. DATE SIGNED 9/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept 9 1952 — NAME OF CEMETERY OR CREMATORY Mardela — LOCATION (City, town, or county) (State) Mardela Springs, Md

DATE REC'D BY LOCAL REG. 9-10-52 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Paul J. Smith — ADDRESS Hayston, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9921

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
LENGTH OF STAY (in this place) 42 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 ELIZABETH ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WICOMICO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY
STREET ADDRESS (If rural give location) 113 ELIZABETH

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) MAE (Last) BENNETT

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 28, 1880

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOW

14. MOTHER'S MAIDEN NAME: UNKNOW.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. L. SHERMAN TOWNSEND, SAL.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 X

Immediate cause (a) Carcinoma of bladder & metastasis — Interval Between Onset And Death: 7 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9, 19 52 to 9-28, 19 52, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) William H. Hill Jr. M.D. ADDRESS Salisbury Md. DATE SIGNED 9-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 9/30/52 | NAME OF CEMETERY OR CREMATORY CHANCE CEMETERY | LOCATION (City, town, or county) CHANCE, (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9-29-52 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR THE HILL & JOHNSON CO. ADDRESS SALISBURY
George E. Hill

VS-A15

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OCT. 1 1952
BUREAU V. S.

09922

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (rural)
STREET ADDRESS (If rural, give location) RFD 4, Ocean City Rd. Nr. Charles Justice

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) — (Last) Blackwell

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 1952

5. SEX: female — 6. COLOR OR RACE: negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single — 8. DATE OF BIRTH: 1948 — 9. AGE last birthday: 4 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Blackwell — 14. MOTHER'S MAIDEN NAME: Eva —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT AND ADDRESS: Cornelius Blackwell, father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3rd degree burns, trunk and extremities — 9 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — 916.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN) (rural) Salisbury — (COUNTY) Wicomico — (STATE) Md

TIME OF INJURY (Month) Sept (Day) 3, (Year) 1952 (Hour) 10a m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? clothes caught fire, while playing with matches

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Kendrick McCullough M.D. — Parsonsburg, Md. — Sept. 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-5-52 — NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery — LOCATION (City, town, or county) Fruitland, (State) Maryland

DATE REC'D BY LOCAL REG. 9-5-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS

STEWART FUNERAL HOME - 402 E. Church St

Mary A. Stewart, Salisbury, Md.

RECEIVED
SEP 9 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F. (Last) Bockmiller
4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: June — 1868
9. AGE last birthday: -84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Pres. of Balto. Office Supply Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William P. Bockmiller
14. MOTHER'S MAIDEN NAME: Emily Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Record of Spring Hill Convalescent Home Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular Renal disease
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1952, to Sept. 14, 1952, that I last saw the deceased alive on Sept. 13, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Philip A. Tusley (DEGREE OR TITLE) Md ADDRESS Salisbury Md DATE SIGNED 9-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 17-52
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 9-15-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave. Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

SEP 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 417 Tilghman St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.F.D. #5

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MAE (Last) BOLES
4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/23/21
9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Glen Mills, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Boles
14. MOTHER'S MAIDEN NAME: Nellie Dill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: George W. Boles Brother R.D. #3, Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between Onset and Death: sudden

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

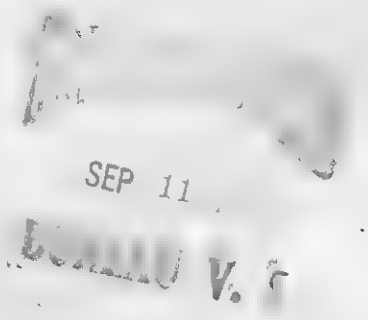
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Rademaker (Degree or title) M.D. ADDRESS 502 N. Division — Deputy Medical Examiner; Salisbury, Md. DATE SIGNED 9/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Sept. 9-52 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 9-9-52 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Holloway & Holloway — ADDRESS Salisbury Md.
William R. Holloway


SEP 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, M D.
LENGTH OF STAY (in this place) 1 hr. 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Bowden

4. DATE OF DEATH: (Month) (Day) (Year) September 15 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 15, 1952
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 50

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Dewey Bowden
14. MOTHER'S MAIDEN NAME: Louise Hazel Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1952, to 9/15/52, 19 ..., that I last saw the deceased alive on 9/15/52 19 ..., and that death occurred at 10:35 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Salisbury Md 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-15-52
NAME OF CEMETERY OR CREMATORY Pittsville Cemetery
LOCATION (City, town, or county) (State) Pittsville Md

DATE REC'D BY LOCAL REGISTRAR 9-15-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR John Bowden ADDRESS

~ 092291240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

SEP 16 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1001 West Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico Maryland
STREET ADDRESS (If rural, give location): 1001 West main Street

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) Ellen (Last) Brooks

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 15, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princess Anne Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wilson

14. MOTHER'S MAIDEN NAME: Amanda Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no.

17. INFORMANT & ADDRESS: Mrs. Alice Winder—1001 west main St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	30 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis DUE TO	Indefinite
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

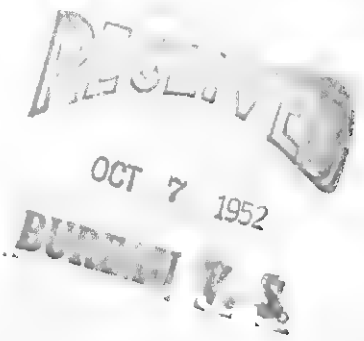
22. I hereby certify that I attended the deceased from Aug 29 1952 to Sept 29 1952 that I last saw the deceased alive on Sept 29 1952 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE: J. Purnell (DEGREE OR TITLE) M.D. ADDRESS 800 W. main Salisbury, Md. DATE SIGNED 10/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 5th — NAME OF CEMETERY OR CREMATORY: Green Acres — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 10-4-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Levin Wilson Princess Anne Md.


OCT 7 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 560 Jackson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Wicomico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 560. Jackson St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Virginia (Last) Brown
4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 22 1881
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): R.D. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Peter Livingston
14. MOTHER'S MAIDEN NAME: Martha Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Charles L. Brown (son) 560. Jackson St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease
DUE TO

(c)

Interval Between Onset And Death: 5-27-52 to 9-11-52

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 –, to 9/11/52 19 ., that I last saw the deceased alive on 9/10/ 1952, and that death occurred at 120 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. R. Branse M.D. ADDRESS Salisbury Md DATE SIGNED 9/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cemetery DATE THEREOF Sept. 14-52 NAME OF CEMETERY OR CREMATORY Union Cem. LOCATION (City, town, or county) R.D. Salisbury Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-12-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway Fr. Salisbury Md. ADDRESS Walter R. Holloway

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural, give location) Fourth St.

3. NAME OF DECEASED (Type or Print) (First) Leta (Middle) F (Last) Calloway
4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 15, 1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? Wed.

13. FATHER'S NAME James E. Steen
14. MOTHER'S MAIDEN NAME Rosie A. Buttingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 221-03-5046
17. INFORMANT AND ADDRESS Leeman Calloway Laurel Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns of both arms, shoulders, face and lower legs. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 9 (Day) 13 (Year) 52 (Hour) 6 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Gas/Hot water heater exploted when lighting pilot light.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. O. Rodemaker (Degree or title) M.A. ADDRESS Deputy Medical Examiner; Salisbury, Md. DATE SIGNED 502 N. Div. 9/13/52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 18, 1952
NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
LOCATION (City, town, or county) Laurel, Delaware (State)

DATE REC'D BY LOCAL REG. 9-16-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR T. L. Oliharoos Laurel Delaware ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 19
BU... U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nanticoke
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nanticoke
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) MAE (Last) COLLIER
4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 2, 1877
9. AGE last birthday: 75 yrs. If under 1 year: Months 5, Days 2; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Nanticoke, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John W. Parks
14. MOTHER'S MAIDEN NAME: Sarah V. [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hannah Smith, 304 [illegible], Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Thrombosis — ?

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis — 3 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Sept, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE: Neville Daisy MD (Degree or title) F.A.C.S — ADDRESS: Rehoboth Del — DATE SIGNED: 1/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/8/52 — NAME OF CEMETERY OR CREMATORY: Turners Cemetery — LOCATION (City, town, or county): Nanticoke (State): Md

DATE REC'D BY LOCAL REG.: 9-9-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: C. H. Wyanick — ADDRESS: Bivalve, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 11 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) Jersey Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Collins

4. DATE OF DEATH: (Month) (Day) (Year) September 26 1952

5. SEX: MALe
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/26/52
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salisbury Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Collins
14. MOTHER'S MAIDEN NAME: Zetta Marie Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

Immediate cause (a) Anoxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coils of cord tightly around neck - interference

DUE TO

(c) c̄ placental circulation

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.26, 1952, to 9.26, 1952, that I last saw the deceased alive on 9.26, 1952, and that death occurred at 4.40 A.M., from the causes and on the date stated above.

SIGNATURE Stedman W. Smith (Degree or title) M.D. C.M. ADDRESS Salisbury Md DATE SIGNED 9.27.52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/27/52 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 9-27-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS Salisbury, Md.

2092221464

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Justin Rural
LENGTH OF STAY (In this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS [illegible] (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) Cox
4. DATE OF DEATH (Month) Sept. (Day) 25 (Year) 52

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Jan. 13-1907
9. AGE last birthday 95 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured neck & skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instant death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) near Tyaskin (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 9 (Day) 25 (Year) 52 (Hour) 6 55 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? [illegible] - Turned over 3 times

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) MD ADDRESS 502 No Div Salisbury Md DATE SIGNED 9-25-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 9-26-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 29 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) John B. Parsons Home

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) OLIVIA (Last) DAWSON

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Oct. 3, 1867
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob E. Stevenson
14. MOTHER'S MAIDEN NAME: Ann Grace Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John B. Parsons Home, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15IX

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Non-functioning Gall Bladder — 3 mos

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept 3, 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 2:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Lester R. Mann Sr. M D
ADDRESS Salisbury Md
DATE SIGNED 9/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/6/52
NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
LOCATION (City, town, or county) (State) Seaford, Delaware
DATE REC'D BY LOCAL REGISTRAR 9-5-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill Johnson Co. Salisbury, Md. ADDRESS
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

RECEIVED
SEP 9 1952
BUREAU V. S.

Item 18 Film G147 10-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Dennis

4. DATE OF DEATH: (Month) (Day) (Year) September 30 1952

5. SEX: Male

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 8-18-1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Undertaker

10b. KIND OF BUSINESS OR INDUSTRY: Undertaker Hospital

11. BIRTHPLACE (State or foreign country): Princess Anne Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Dennis

14. MOTHER'S MAIDEN NAME: Eliza Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Eliza Hargis

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X

Immediate cause (a) Emaciation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinomatosis

DUE TO

(c) Primary Bronchogenic.

Interval Between Onset And Death: 3 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1952, to 9-30, 1952, that I last saw the deceased alive on 9-29, 1952, and that death occurred at 7:18 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick M. Johnson M.D. ADDRESS P.G.H. DATE SIGNED 9-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Funeral — DATE THEREOF 10-3-52 — NAME OF CEMETERY OR CREMATORY Jobus Wesley — LOCATION (City, town, or county) (State) Princess Anne Md

DATE REC'D BY LOCAL REGISTRAR 9-30-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR William H. James Jr. — ADDRESS Princess Anne Md

VS. A15

RECEIVED
OCT 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 1015 Lake St.

3. NAME OF [redacted] (Type or Print) (First) ELLA (Middle) MAE (Last) DRUMMOND
4. DATE OF DEATH (Month) Sept. (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —
8. DATE OF BIRTH Feb. 24, 1952
9. AGE last birthday — yrs. If under 1 year Months 6 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Paul L. Drummond
14. MOTHER'S MAIDEN NAME Helen W[illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Helen Drummond — 1015 Lake St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infectious diarrhea

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8-, 1952, to 9-8-, 1952, that I last saw the deceased alive on 9-8-, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Salisbury Md DATE SIGNED 9-9-52

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] — DATE THEREOF 9/10/52 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) White Haven (State) Md.

DATE REC'D BY LOCAL REG. 9-9-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR C. G. Messick — ADDRESS [illegible], Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1952
BUREAU V. S.

Item 18 Film G147 10-8-52 ams

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARDELA
LENGTH OF STAY (in this place): 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ATHOL RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARDELA
STREET ADDRESS (If rural, give location): ATHOL Rd.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) HERMAN (Last) GAMBRILL

4. DATE OF DEATH: (Month) SEPT (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: DEC 24 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES GAMBRILL

14. MOTHER'S MAIDEN NAME: MARTHA ELLEN FOXWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MRS FLORENCE FOX

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralysis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Blood pressure -- low

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Sept 24, 1952, that I last saw the deceased alive on Sept 24, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Nate Quinn M.D. Mardela Springs Md Sept. 29 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/29/52

NAME OF CEMETERY OR CREMATORY: BAPTIST Church

LOCATION (City, town, or county) (State): MARDELA MD

DATE REC'D BY LOCAL REG.: 9-29-52

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Fuller Funeral Home, Hebron, Md ADDRESS

RECEIVED
OCT 1 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 416 Camden Ave.

3. NAME OF DECEASED: (Type or Print) (First) BIRDIE (Middle) MAE (Last) GOSLEE

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: Sept 4, 1878 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Goslee | 14. MOTHER'S MAIDEN NAME: Martha Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: 214-10-7930 | 17. INFORMANT & ADDRESS: Mrs Isabell B. Renahan, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) metastatic Cancer of lung — 6 mos.

DUE TO

(c) Cancer of breast — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 93, 1952, to Sept. 12, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Matley, M.D. | ADDRESS Salisbury, Md. | DATE SIGNED 9-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/14/52 | NAME OF CEMETERY OR CREMATORY Allen Cemetery | LOCATION (City, town, or county) Allen, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 9-13-52 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co. | ADDRESS Salisbury
George C Hill II

SEP 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 yr. 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) (Last) Hill

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: 10/?/1896
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Land
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Joiner
14. MOTHER'S MAIDEN NAME: Alice Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Hospital record + Annie Rogers Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Hypocardial insufficiency	48 h
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic cardiovascular disease	6 y.
	DUE TO		
X	(c)	Arteriosl. general	10 y.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Syphilis cerebrospinal (?)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4 25th, 1952, to 9-19, 1952, that I last saw the deceased alive on 9-19, 1952 and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE J. J. Maldre, M.D. (DEGREE OR TITLE) ADDRESS Deer's Head State Hospital Salisbury Md. DATE SIGNED 9/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 22-52
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville Maryland (State)

DATE REC'D BY LOCAL REG. 9/20/52 10/8/52
REGISTRAR'S SIGNATURE Clara Armstrong Mary W. Holloway
24. FUNERAL DIRECTOR Barton Bros Centreville Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
OCT 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): RD. #4.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Samuel	Edward	Hodges		9	19	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	March 21. 1938.	14 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	School	Salisbury, Maryland.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hodges	Florence Niblett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mr. John Hodges (Father) RD #4 Salisbury Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probably pulmonary embolism following fractured cervical vertebra.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	City park	Salisbury	Wicomico	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
7	30	52	m.		Dived into shallow water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Mademan	Deputy Medical Examiner	502 N. Division St. Salisbury, Md.	9/23/52

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 23. 1952.	Parsons Cemetery.	Salisbury, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-23-52	Mary W. Holloway	Holloway & Co.	Salisbury, Maryland.

Walter R. Holloway

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place): one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
STREET ADDRESS (If rural, give location): Whitney's Landing Road

3. NAME OF DECEASED: (First) [redacted] (Middle) Edward Dickson (Last) Holliday
4. DATE OF DEATH: (Month) 9-22-52 (Day) (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Divorced	Dec. 29, 1902	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
well driller	laboring	West Virginia	U.S.

13. FATHER'S NAME: Frank Holliday
14. MOTHER'S MAIDEN NAME: Ada Flannigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage of left middle cerebral artery	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardiovascular disease	18 mos.
	DUE TO (c) Arteriosclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26, 1952, to 9-22-, 1952, that I last saw the deceased alive on 9-22, 1952, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) MD ADDRESS: Deer's Head State Hosp. DATE SIGNED: 9-22-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 24-52	Somerset Cemetery	Ext. Rainelle W. Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-23-52	Mary W. Holloway	Wallace & Wallace	E. Rainelle W. Va.

VS 115 8-51

RECEIVED
SEP. 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mildred		Horsey	Sept.	6,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
female	negro	Single	10-3-'28	23 yrs.	11	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Factory	Hebron, Wicomico Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Granville Horsey	Ruth Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No No	213-24-0943	Mrs. Ruth Horsey, Hebron, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Endometritis — days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) abortion, recent. — 7 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

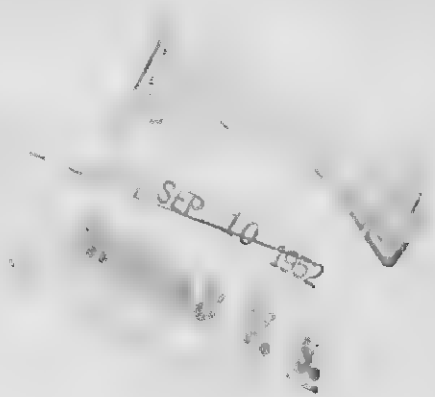
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Kendrick McCullough M.D.	Parsonsburg Md.	Sept. 6, 1952.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-11-'52	Green Acres Cemetery	Salisbury Wicomico Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-10 52	A. W. Hedrick	STEWART FUNERAL HOME	102 E. Church St.

Mary A. Stewart, Salisbury, Maryland

PY SENT TO LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 101 Liberty St.,

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T (Last) Hubbard, Sr.

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 19 52

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: July 18 1876 | 9. AGE last birthday: yrs. 76 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Retailer | 10b. KIND OF BUSINESS OR INDUSTRY: Groceries | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hubbard | 14. MOTHER'S MAIDEN NAME: Mary Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs. Estella R. Hubbard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 3 days

331X
Immediate cause (a) Cerebro Vascular Accident
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — ?
DUE TO
(322.2) (c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Alcoholic. — ?

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14 ., 1952, to 9/17 ., 1952, that I last saw the deceased alive on 9/17 ., 1952, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew C. Mitchell, M.D. — ADDRESS 506 N. Division — DATE SIGNED 9/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/19/52 — NAME OF CEMETERY OR CREMATORY Cambridge Cemet. — LOCATION (City or town, and county) (State) Cambridge Md.

DATE REC'D BY LOCAL REGISTRAR 9-18-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR De Compte Funeral Service — ADDRESS

VS. 4-1

RECEIVED
SEP 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place): 17 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: John B. Parsons Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
STREET ADDRESS (If rural give location): John B. Parsons Home

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) LAY (Last) JOHNSON

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 21, 1874

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Johnson

14. MOTHER'S MAIDEN NAME: Mary E.L. Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) ___

16. SOCIAL SECURITY NO.: Unknow

17. INFORMANT & ADDRESS: John B. Parson Home Salisbury, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
Immediate cause (a) Cerebral Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis & Hypertension
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19.., to 9/3/52 19....., that I last saw the deceased alive on 9/3/52, 19.., and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fred A. Graves M.D.
ADDRESS: Salisbury Md
DATE SIGNED: 9/9/52

22. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/5/52
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-3-52
REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. Salisbury, Md.
ADDRESS
George C. Hill II

RECEIVED
SEP 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Willards — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS in Village

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards & Powellville Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Cordelia (Last) Jones

4. DATE OF DEATH: (Month) Sept. (Day) 2nd (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	May 22-1876	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Powellville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marcellus Dennis
14. MOTHER'S MAIDEN NAME: Laura Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Mr. Harry V. Jones (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: (a) 2 yrs (b) 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19 to day of death, that I last saw the deceased alive on Sept. 2, 1952, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Lewis M.D. ADDRESS Willards Md DATE SIGNED Sept. 2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 4-52
NAME OF CEMETERY OR CREMATORY Dennis Cem.
LOCATION (City, town, or county) Rt. 1 Powellville Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-3-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Salisbury
ADDRESS Md
Walter R. Holloway

RECEIVED
SEP 5
BUREAU V. S.

Item 18 Film G147 9-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD#2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden
STREET ADDRESS (If rural give location) RD#2

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Lee (Last) Jones
4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9-
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (State or foreign country) RD#2. Eden Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm T. Jones
14. MOTHER'S MAIDEN NAME: Virginia Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Ethel W. Jones (Wife) RD#2. Eden Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

461X

Immediate cause (a) Lung Abscess DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonia - Post operative, following an hemoroidectomy. DUE TO

(c)

Interval Between Onset And Death: 4 mon.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to death, 19 ..., that I last saw the deceased alive on 9-4-52, 19 ..., and that death occurred at 3.45 a.m. from the causes and on the date stated above.

SIGNATURE Lee L Lavery (Degree or title) MD
ADDRESS Trinitas Md.
DATE SIGNED 9-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 7-1952
NAME OF CEMETERY OR CREMATORY Wico. Mem. Park
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-5-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishop
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) (Last) Joyner

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-25-'10
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Factory Tenant Farm
11. BIRTHPLACE (State or foreign country): Greenville, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Neal Joyner
14. MOTHER'S MAIDEN NAME: Gertrude Wooten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: not known
17. INFORMANT & ADDRESS: Mrs. Rosa Joyner - Bishop, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral ~~Hemorrhage~~ Thrombosis — Interval Between Onset And Death 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Atherosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Essential — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1952 to Sept. 27, 1952 that I last saw the deceased alive on Sept. 27, 1952 and that death occurred at 12 05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold Fillmore M.D. ADDRESS Salisbury Md DATE SIGNED Sept. 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 9-27-52
NAME OF CEMETERY OR CREMATORY Greenville Cemetery
LOCATION (City, town, or county) Greenville (State) N.C.
DATE REC'D BY LOCAL REGISTRAR 9-27-52
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 402 E. Church St.
Mary A. Stewart, Salisbury, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY McCormick — MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Pittsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. McCormick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (Or rural, give location) 125. Liberty St.

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) Lee (Last) Kelley

4. DATE OF DEATH: (Month) Sept. (Day) 29- (Year) 19 52

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: June 8- 1872- | 9. AGE Last Birthday: 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home wife | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Atlantic Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Shay | 14. MOTHER'S MAIDEN NAME: Emma Stant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs. Luther J. Baker (daughter) Pittsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocarditis Chronic — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis, hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to day of death, that I last saw the deceased alive on 9-29-52, 19, and that death occurred at 12.30 P.M., from the causes and on the date stated above.

SIGNATURE Frank R Layton M.D. (Degree or title) — ADDRESS Willards Md — DATE SIGNED 9-30 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9.1-52 — NAME OF CEMETERY OR CREMATORY Oak Grove Cem. — LOCATION (City, town, or county) Pittsville Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-30-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Walter R. Holloway & Co. — ADDRESS Salisbury Md

Walter R. Holloway

RECEIVED
OCT 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards — LENGTH OF STAY (In this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
STREET ADDRESS (If rural, give location): Rural.

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) C. (Last) Lewis
4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH: July 16, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former
10b. KIND OF BUSINESS OR INDUSTRY: own Farm
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Elijah Lewis
14. MOTHER'S MAIDEN NAME: Nancy Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Mary Lewis Willards, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-29, 1952, to 9-9, 1952, that I last saw the deceased alive on 9-9, 1952, and that death occurred at 2:30 a m., from the causes and on the date stated above.

SIGNATURE: Frank Lewis — (Degree or title) M.D. — ADDRESS: Willards Maryland — DATE SIGNED: 9 11 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 12 1952 — NAME OF CEMETERY OR CREMATORY: Lewis — LOCATION (City, town, or county) (State): Willards, Md.

DATE REC'D BY LOCAL REG.: 9-13-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville, Del.

SEP 1C

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) (Last) Maddox

4. DATE OF DEATH: (Month) September (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: May 15 1885

9. AGE Last birthday: 67 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Upper Hill somerset co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William W. Maddox

14. MOTHER'S MAIDEN NAME: Lucendia Settler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 6-04-070

17. INFORMANT & ADDRESS: Henrietta Maddox Upper Hill md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Hemorrhage — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1952, to 9/5, 1952, that I last saw the deceased alive on 9/4, 1952, and that death occurred at 8:35 AM, from the causes and on the date stated above.

SIGNATURE Mary Maddox M.D (Degree or title) ADDRESS Salisbury DATE SIGNED 9-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 8-52

NAME OF CEMETERY OR CREMATORY Upper Hill md

LOCATION (City, town, or county) Upper Hill somerset co md (State)

DATE REC'D BY LOCAL REGISTRAR 9-6-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Charles H Ward Marion md ADDRESS

VS. 115

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.#4 (Pierce ave)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) R.D.#4 (Pierce ave)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) J. (Last) Malcomb
4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday: Years	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Female	White	Widow	May 23-1864	88				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife	at home	Point Pleasant W. Va.	

13. FATHER'S NAME: Daniel McDermitt
14. MOTHER'S MAIDEN NAME: Rebecca Crea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No.		Mrs. Pearlah Ritchen (daughter) R.D.#4. Salisbury Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Arteriosclerotic heart disease	7 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis generalized.	2
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1948, to Sept 10, 1952, that I last saw the deceased alive on Sept. 8, 1952 and that death occurred at 9.15. P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. V. Sadler M.D. — ADDRESS 303 East Street Delmar Md. — DATE SIGNED 9-11-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 12-52 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury — (State) Md

DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR 9-12-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Tolliver & Holloway — ADDRESS Salisbury Md
Walter R. Holloway

VS. 115

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BUREAU V. S

(Dr. Mann)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD#4.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) RD#4.

3. NAME OF DECEASED: (Type or Print) (First) Rita (Middle) May (Last) Matthews

4. DATE OF DEATH (Month) Sept. (Day) 6 (Year) 1952

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 22-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Sussex Co. Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George William Mitchell
14. MOTHER'S MAIDEN NAME: Mary Jane Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Herman Hales (daughter) RD. #4. Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Chronic Bright's Disease — Interval Between Onset And Death 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia Lobar — Feb. 1952

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1940, to Sept 6, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 9:55 a.m. from the causes and on the date stated above.

SIGNATURE Henry R. Mann (Degree or title) MD
ADDRESS Salisbury Md
DATE SIGNED 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 9-52
NAME OF CEMETERY OR CREMATORY Matthews Cem.
LOCATION (City, town, or county) RD. #4 Salisbury Md (State)
DATE REC'D BY LOCAL REGISTRAR 9-9-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury
ADDRESS Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 11 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) p.W.S
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 209 W. Boulevard

3. NAME OF DECEASED: (Type or Print) (First) Lawson (Middle) James (Last) Miles

4. DATE OF DEATH: (Month) September (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 1, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Farmers & Planters
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawson J. Miles
14. MOTHER'S MAIDEN NAME: Annie Walker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 214-10-9621
17. INFORMANT & ADDRESS: Mrs. L. J. Miles. 209 W. Boulevard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
1 Immediate cause	(a) Cerebral and Pulmonary Emboli	7½ hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Thrombo-phlebitis, Left Leg.	2 days.
	DUE TO (c) Carcinomatoses secondary to previously operated Carcinoma of Sigmoid Colon	15 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 8-5-52
19b. MAJOR FINDINGS OF OPERATION: Multiple Small Bowel Obstruction due to Peritoneal Carcinomatoses.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Maryland.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1951, to Sept. 10, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 9.55 A.M., from the causes and on the date stated above.
SIGNATURE Hunter R. Mann Jr. (Degree or title), M.D. ADDRESS Professional Bldg., Salisbury DATE SIGNED 9-10-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 12, 1952
NAME OF CEMETERY OR CREMATORY Mt. Holly Cemetery
LOCATION (City, town, or county) Onancock (State) Va.
DATE REC'D BY LOCAL REGISTRAR 9-12-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. George C Hill II
ADDRESS Salisbury

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116

RECEIVED
SEP 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) — (Last) Oakes

4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 - 1952

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23 -
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Passiac N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius List
14. MOTHER'S MAIDEN NAME: Elizabeth (no Record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mr. John Allen Oakes Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Arteriosclerotic heart disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Asthma
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1952, to 9/28, 1952 that I last saw the deceased alive on 9/28, 1952, and that death occurred at 8.45 a.m., from the causes and on the date stated above.

SIGNATURE Andrew C. Mitchell (Degree or title) M.D. ADDRESS 506 N. Division DATE SIGNED 9/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 2 52
NAME OF CEMETERY OR CREMATORY Parsonsburg Cem.
LOCATION (City, town, or county) (State) Parsonsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 9-30-52
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pawellville — LENGTH OF STAY (in this place): 50 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pawellville — STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Larry	Washington	Palmer	Sept.	23	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Nov. 12 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Pawellville	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Palmer	Hettie Ann Littleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
✓	✓	Larry Palmer Willards Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from 7-23, 1952, to 9-23, 1952, that I last saw the deceased alive on 9-23, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank Lepre M.D.	Willards Md	9-23-52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 25, 1952	Walston (Bethel)	Walston, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-27-52	Mary W. Holloway	Otto Wholey	Salisbury, Md.

VS. A15

RECEIVED
SEP 30 1952
BUREAU V. P

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
STREET ADDRESS (If rural, give location) in village

3. NAME OF DECEASED (Type or Print) Daisy (Middle) Belle (Last) Parker

4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH
9. AGE last birthday 51 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) storekeeper
10b. KIND OF BUSINESS OR INDUSTRY general store
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Selby B. Marel
14. MOTHER'S MAIDEN NAME Emma J. Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Henry Parker, husband. Powellville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	minutes
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to Hypertensive Cardio-Vascular Disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY store
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Kendrick McCullough M.D. Parsonsburg Sept. 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 21-52
NAME OF CEMETERY OR CREMATORY Chantry Church Cem.
LOCATION (City, town, or county) (State) R.D. Salisbury Md.

DATE REC'D BY LOCAL REG. 9-21-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A16A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 341 New York Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 341 New York Avenue

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) M. (Last) PERRY
4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Apr. 5, 69
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Salisbury, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Disharoon
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Clyde Truitt, Daughter 341 New York Ave. Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Deputy Medical Examiner — ADDRESS 502 N. Division St. Salisbury, Md. — DATE SIGNED 9/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 12-52 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) (State) Salisbury, Wicomico, Md.

DATE REC'D BY LOCAL REG. 9-12-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Walter H. Holloway — ADDRESS Salisbury, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Purnell Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH:
9. AGE last birthday: 5 days xxx
IF UNDER 1 YEAR: Months | Days 5
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Salisbury
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: David Alvin Purnell
14. MOTHER'S MAIDEN NAME: Estella Collins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: David Alvin Purnell Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Septicemia of the Newborn

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 36 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17 1952, to Sept. 18, 1952, that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 9/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/21/52
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) (State) Berlin Md
DATE REC'D BY LOCAL REGISTRAR 9-22-52
REGISTRAR'S SIGNATURE Maryl W. Holloway
24. FUNERAL DIRECTOR Anne A Burbage ADDRESS Berlin Md

4092151404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1952
BUREAU V. S.

Dr. Blopson MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 208. Adams st.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Francis (Last) Reddish
4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: May 5-1885-
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Reddish
14. MOTHER'S MAIDEN NAME: Martha Dykes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Elizabeth Moore daughter RD#1. Mardela Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Prostatic Hypertrophy

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 54 years

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 6, 1952
19b. MAJOR FINDINGS OF OPERATION: Above
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 to 9/6, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE John M. Blopson III MD (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 9-52
NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REGISTRAR 9-9-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter N. Holloway

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) (Last) Rogers
4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: C
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, ~~Specify~~ [illegible]
8. DATE OF BIRTH: 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer - E. Shore Public Service
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Elizabeth Rogers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c)

Interval Between Onset And Death Yrs. Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1952, to 9/27, 1952, that I last saw the deceased alive on 9.27, 1952, and that death occurred at 2 46 pm, from the causes and on the date stated above.

SIGNATURE H A Briele (Degree or title) MD ADDRESS 504 N Division St DATE SIGNED 9.28.52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-1-52 NAME OF CEMETERY OR CREMATORY House Jacob LOCATION (City, town, or county) (State) Chance, Md

DATE REC'D BY LOCAL REGISTRAR 9-30-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR William H. Jones Jr ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York
STREET ADDRESS (If rural give location) 857 Fahs St

3. NAME OF DECEASED: (Type or Print) (First) Leander (Middle) R (Last) Schwan

4. DATE OF DEATH: (Month) September (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: May [illegible]
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Play Equipment Corp
11. BIRTHPLACE (State or foreign country): Pittsburg [illegible]
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Mrs Helen Schwan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

54 Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: unknown.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Perforated peptic ulcer — 7 days.

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/29/52
19b. MAJOR FINDINGS OF OPERATION: Perforated peptic ulcer
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1952, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952 and that death occurred at 10:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Salisbury Md DATE SIGNED 9-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept. 8-52 NAME OF CEMETERY OR CREMATORY Mt Rose Cemetery LOCATION (City, town, or county) York Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 9-6-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md ADDRESS [illegible] H. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 9 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 E Vine St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 312 E. Vine St

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Scott
4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Sept. 14 1869
9. AGE last birthday: 83/0/10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward E. Kelly
14. MOTHER'S MAIDEN NAME: Margaret E. Halston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Minnie Hastings Salisbury, Md 312 E Vine Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — Unknown

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

3218

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Valvular Heart Disease — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 9/24, 1952, that I last saw the deceased alive on 9/23, 1952 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Johnson R Mann (DEGREE OR TITLE) MD ADDRESS Salisbury Md DATE SIGNED 9/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 26/52
NAME OF CEMETERY OR CREMATORY Whatcoat Co
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 9-27-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Allay E. Dennis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

BUREAU Y
SEP 30 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 120 South St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1952

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7/3/1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Washington Gordon
14. MOTHER'S MAIDEN NAME: Melvinia Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH 11 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gangrene st. lower extremity — 4 days

DUE TO

(c) Arteriosclerosis, General + Deafness

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16-1952 to 9-2-1952, that I last saw the deceased alive on 9-2-52, and that death occurred at 5.15 P.M., from the causes and on the date stated above.

SIGNATURE Robert Gore (DEGREE OR TITLE) MD ADDRESS Deerhead St. H. DATE SIGNED 9-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 9, 1952
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. 9/9/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. Reese Jr 108 W. Washington St. Annapolis, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U 962

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) William Stevenson

4. DATE OF DEATH: (Month) (Day) (Year) Sept 22 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 6 1907

9. AGE Last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer - E. Public Service

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Princess Anne Somerset Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Gelbert Stevenson

14. MOTHER'S MAIDEN NAME: Mary Addams

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-20-1903

17. INFORMANT & ADDRESS: Louise Stevenson Princess Anne Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) 44.7X Cerebral Hemorrhage — unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive vascular disease — 10 yrs

DUE TO (c) Gastric hemorrhage — " "

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19/ ,1952 to 9/22/ , 1952 that I last saw the deceased alive on 9-22, 1952, and that death occurred at 2:15 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilbur R. Ellis Jr. M.D. Salisbury, Md. 9-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 28-52

NAME OF CEMETERY OR CREMATORY Cottage Grove

LOCATION (City, town, or county) (State) Fairmount Somerset Co. Md

DATE REC'D BY LOCAL REGISTRAR 9-23-52

REGISTRAR'S SIGNATURE Harold Holloway

24. FUNERAL DIRECTOR Charles H Wood

ADDRESS Marion Md.

VS. A15

RECEIVED
SEP 25 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Swann.

4. DATE OF DEATH: (Month) (Day) (Year) September 24th 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: September 24th 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Elmer Swann Jr.
14. MOTHER'S MAIDEN NAME: Gladys Ann Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: James E. Swan Jr. Selbyville, Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 57 min.

152 x Immediate cause (a) Respiratory Failure sec. to Hydro

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cephalus internal and external

DUE TO

(c) Development anomalie.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, cerebral, due to above

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 ..., to , 19 , that I last saw the deceased alive on , 19 ..., and that death occurred at 2:43 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hermann A. Robbins M.D. ADDRESS Berlin, Md. DATE SIGNED 9/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 25, 1952 NAME OF CEMETERY OR CREMATORY Dale Cemetery LOCATION (City, town, or county) Whaleyville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-27-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peter Whaley ADDRESS Selbyville Del.

20922624-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland — LENGTH OF STAY (In this place) 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fruitland Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Fruitland Md

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Thomas (Last) Dashiell

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 28 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Mt Vernon Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edgar Dashiell

14. MOTHER'S MAIDEN NAME: Betty Ann Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Otis Thomas Fruitland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1948

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma uterus

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to 9-3, 1952, that I last saw the deceased alive on 8-15, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE Lucy M Lakeman (DEGREE OR TITLE) ADDRESS Md DATE SIGNED 9-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-5-52 — NAME OF CEMETERY OR CREMATORY Asbury Church Cemetery — LOCATION (City, town, or county) (State) Mt Vernon Md

DATE REC'D BY LOCAL REG. 9-3-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR James L. Herman — ADDRESS Princess Anne Md.

RECEIVED
SEP 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 Collins St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 701 Collins St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) F. (Last) Turner

4. DATE OF DEATH (Month) Sept. (Day) 12 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH Sept. 7, 1952

9. AGE last birthday 5 days yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Birkhead

14. MOTHER'S MAIDEN NAME Elizabeth Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Sarah Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH 5 days

Immediate cause (a) Prematurity 32 weeks

176X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Rademacher MD (Degree or title) ADDRESS Deputy Medical Examiner; Salisbury, Md. DATE SIGNED 9/1[illegible]/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 13 1952

NAME OF CEMETERY OR CREMATORY Blue Hill Cem

LOCATION (City, town, or county) Parsonsburg (State) Md

DATE REC'D BY LOCAL REG. 9-13-52

REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Booker M. Wecht ADDRESS Salisbury Md.

1092203-42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 16 19
BUR U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Salisbury — LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Salisbury
STREET ADDRESS (If rural, give location) RD #3

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) T (Last) Twilley

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH Mar. 1880

9. AGE last birthday 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Wic. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Levin W. Twilley

14. MOTHER'S MAIDEN NAME Maggie [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS [illegible] RD #3 Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Occlusion of Coronary Artery — Interval between onset and death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY farm
(CITY OR TOWN) rural Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) Sept (Day) 11, (Year) 1952 (Hour) 9 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? died suddenly while at work.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Kendrick M. Bellamy (Degree or title) M.D. — ADDRESS: Parsonsburg Md. — DATE SIGNED: Sept. 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 13, 52 — NAME OF CEMETERY OR CREMATORY: Pleasant View — LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 9-12-52 — REGISTRAR'S SIGNATURE: Mary M. Dorsey

24. FUNERAL DIRECTOR: [illegible] & Son — ADDRESS: Salisbury Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place) 1 mo., 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4225 Reisterstown Rd.
Salisbury, Maryland

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Tyler, Granston James

4. DATE OF DEATH: (Month) (Day) (Year) 9-11-52 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 17, 1906

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Dye Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Tyler

14. MOTHER'S MAIDEN NAME: Teetler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Respiratory Failure. — Interval between onset and death: 5 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hemorrhage? or contusion? of spinal cord. — 8 months

DUE TO

(c) at cervical level. (5th Cervix) — [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pyelonephritis Chronic — 6 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify) Natural

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street — (CITY OR TOWN) Baltimore — (COUNTY) — (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 26 1952 ? M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Pt fell off steps. Lockjaw.

22. I hereby certify that I attended the deceased from 9-17-52, 19....., to 9-11-52, 19....., that I last saw the deceased alive on 9-11-52, 19....., and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE Robert Jones (DEGREE OR TITLE) MD (ADDRESS) Deer's Head State Hosp. DATE SIGNED 9-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-14-52 — NAME OF CEMETERY OR CREMATORY Hebrew Gorling Mem — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. SEP 14 1952 — REGISTRAR'S SIGNATURE Huntington Williams M.D. 9-16-52 Mary H. Hall Causey

24. FUNERAL DIRECTOR Jack Lewis Jr — ADDRESS 2106 Eutaw Pl

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

COPY ENT

REGISTRAR A

DAT

NOT A MEDICAL EXAMINER'S CASE

William Gould M.D.

CHIEF OR ASST. MEDICAL EXAMINER

ROMAN V. S.

SEP 16 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wic MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wasomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) H. (Last) Wallace

4. DATE OF DEATH: (Month) September (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: April 27, 1914

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months 4 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Oyster Tonger

10b. KIND OF BUSINESS OR INDUSTRY: Oyster House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: Simond Wallace

14. MOTHER'S MAIDEN NAME: Marie Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Emma Wallace, Nanticoke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Artery Thrombosis — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Artery Atherosclerosis — [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — ....., 19 ...., to — ....., 19 —, that I last saw the deceased alive on 9-17, 1952, and that death occurred at 11:42 pm, from the causes and on the date stated above.

SIGNATURE David [illegible] (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED Sept. 18, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/21/52 NAME OF CEMETERY OR CREMATORY Nanticoke Cemetery LOCATION (City, town, or county) Nanticoke, Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-20-52 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. D. Yeaich ADDRESS Bivalve, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Madison Street

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) M. (Last) Ward

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov.2.1927.

9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker at Salisbury Times.

10b. KIND OF BUSINESS OR INDUSTRY News Paper

11. BIRTHPLACE (State or foreign country) Pocomoke, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harry L. Ward.

14. MOTHER'S MAIDEN NAME Hattie M. Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Lavern Ward(Wife) 572 Madison, St. Salisbury, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Burns	1 day
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 13 (Year) 52 (Hour) 8:15 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hot water heater exploded

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes], accident X, suicide], homicide], undetermined].*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner; ADDRESS 502 N. Division St. Salisbury, Maryland DATE SIGNED 9/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 17. 52.

NAME OF CEMETERY OR CREMATORY Wiconico Mem. Park.

LOCATION (City, town, or county) (State) Salisbury, Maryland.

DATE REC'D BY LOCAL REG. 9-16-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Co. Salisbury, Maryland.

Walter H. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

15 1952

V. S.

970

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Delaware — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Selbyville
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Doris (Middle) (Last) Weals
4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 3, 1950
9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Major Weals
14. MOTHER'S MAIDEN NAME: Lillie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Major Weals; Selbyville, Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burns - both arms, face, hip, back and shoulders. — 6 days

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Selbyville (COUNTY) Sussex (STATE) Del.
TIME OF INJURY (Month) 9 (Day) 23 (Year) 52 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Turned stove over

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) Deputy Medical Examiner; ADDRESS: 502 N. Division St. Salisbury, Maryland — DATE SIGNED: 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/1/52 — NAME OF CEMETERY OR CREMATORY: Burton Cem. — LOCATION (City, town, or county) (State): Melfa, Va.

DATE REC'D BY LOCAL REG.: 9-29-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Henry H. Watson, ADDRESS: Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
OCT 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Selbyville Del. — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Major (Middle) Leon (Last) Weals Jr.

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1952

9. AGE last birthday: yrs. 8 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Selbyville Del

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Major Weals Sr

14. MOTHER'S MAIDEN NAME: Lillie Weals

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Selbyville Del. Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns of body — Interval between onset and death: 8 hours

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: Selbyville — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) ~~Selbyville~~ — (COUNTY) Sussex — (STATE) Del.

TIME OF INJURY (Month) 9 (Day) 23 (Year) 52 (Hour) 1800 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Oil stove explosion

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: H A Rademaker — (Degree or title): MD — ADDRESS: 502 N Div St Salisbury Md — DATE SIGNED: 9-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 9-26-52 — NAME OF CEMETERY OR CREMATORY: Burton Cemetery — LOCATION (City, town, or county): Melfa — (State): Va.

DATE REC'D BY LOCAL REG.: 9-25-52 — REGISTRAR'S SIGNATURE: Mary H. Dorman — 24. FUNERAL DIRECTOR: Henry H Watson — ADDRESS: Pocomoke City Md

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1853

SEP 2

(Dr. Sobler) MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 72

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108. Naylor St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 108. Naylor St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Hill (Last) Wells

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: March 9-1874 — 9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Welder — 10b. KIND OF BUSINESS OR INDUSTRY: B & O. R.R. Co. — 11. BIRTHPLACE (State or foreign country): Wilmington Del. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benamon Wells — 14. MOTHER'S MAIDEN NAME: Julia White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Mrs. Annie F. Wells (Wife) 108. Naylor St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic heart disease — Interval between Onset And Death: 5 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO Arteriosclerosis, generalized — (c)

420.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1949, to 7th Sept., 1952, that I last saw the deceased alive on 7th Sept., 1952, and that death occurred at 6.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. V. Sobler, M.D. — ADDRESS 303 East Street, Delmar, Md. — DATE SIGNED 9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 10-52 — NAME OF CEMETERY OR CREMATORY Pine Church Cem. — LOCATION (City, Town, or county) Whitesville (State) Del.

DATE REC'D BY LOCAL REGISTRAR 9-9-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Holloway & Salisbury — ADDRESS Md.

Walter R. Holloway

RECEIVED
SEP 11 1952
BUREAU V. S.

Name: Film G147 10/1/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deers Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1914 Walnut ave.

3. NAME OF DECEASED (Type or Print): (First) Travis Arden (Middle) Arden Travis (Last) West
4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov 3 - 1917
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Alabama. Gadsden.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm M West.
14. MOTHER'S MAIDEN NAME: Daisy E. Hayes.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Hazle West [illegible] 1914 Walnut ave Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency	2 days
465X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Infarct; cause	2 days
	(c) unknown	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Post Encephalitic Parkinson disease — 17 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17-52, 19....., to 9-23-, 1952, that I last saw the deceased alive on 9-23-52, 19....., and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) MD — ADDRESS: Deers Head Hospital — DATE SIGNED: 9-23-52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: Sept. 28-52 — NAME OF CEMETERY OR CREMATORY: New Macedonia Cem. — LOCATION (City, town, or county): Giraldine Ala. (State)

DATE REC'D BY LOCAL REG.: 9-24-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 410

1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09988

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): Rt #5

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) WILLIAMS

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8, 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W.H.Parker

14. MOTHER'S MAIDEN NAME: Rose Nichols

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. E.E. Williams, Rt #5, Salisbury, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertension
(c) DUE TO

337

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1952, to Sept 2, 1952, that I last saw the deceased alive on Sept 2, 1952, and that death occurred at 4:PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee L Laury M.D. — ADDRESS: Fruitland Md. — DATE SIGNED: 9-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/4/52
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-5-52
REGISTRAR'S SIGNATURE: (Mary W. Holloway)

24. FUNERAL DIRECTOR: The Hill & Johnson Co. Salisbury, Md.
ADDRESS: George C. Hill II

VS A15

RECEIVED
SEP 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09989

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fruitland | LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fruitland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) KATHERINE (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Dec 10, 1875 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Kramer | 14. MOTHER'S MAIDEN NAME: Mary Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs. James Condey, Fruitland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 da

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 9-6 to Death, 19 ..., that I last saw the deceased alive on 9-15, 1952, and that death occurred at 9:35 PM, from the causes and on the date stated above.

SIGNATURE Lee L Lawry (Degree or title) MD | ADDRESS Fruitland Md. | DATE SIGNED 9-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/18/52 | NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park | LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-18-52 | REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co. | ADDRESS Salisbury

George C. Hill II

VS. A15

RECEIVED
SEP 22 1952
BUREAU V. S.